



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

November 10, 2003

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Buggy Bath West, 1502 West 'O' Street requesting that Patricia Pike be approved as the manager of the class b liquor license.

Background information on the applicant is as follows:

Patricia Pike was born in Hastings, Nebraska. She attended Hasting High School graduating in 1973.

Patricia Pike employment history is as follows:

1999 - Present	Manager, Buggy Bath	Lincoln, NE.
1996 - 1999	Receptionist, Crete Carrier	Lincoln, NE.
1994 - 1996	Receptionist, Hasting Housing	Hastings, NE.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) Buggy BATH - WEST

☒ Manager ☐ Owner ☐ Other _____

Name: PATRICIA PIKE

US Citizen? ☒ Yes ☐ No

Has applicant ever been cited for liquor law violations? ☒ No ☐ Yes
Explain _____

Does applicant have an interest in another liquor license? ☒ No ☐ Yes
Explain _____

Is spouse qualified to hold a license? Yes ☐ No ☒ N/A

How is applicant if not an owner to be paid? ☒ Salary ☐ Hourly

How many hours will applicant be at the establishment? 50 +

Any other employment? ☒ No ☐ Yes, explain _____

Any previous experience with a liquor license? Yes ☐ No ☒

Any criminal convictions? ☒ No ☐ Yes
Comments _____

Is applicant a property owner in Lincoln? Yes ☐ No ☒

Is applicant involved in any civil litigation? ☒ No ☐ Yes
Comments _____

☒ Photo ☒ Records Check ☒ References

Comments _____

Interview Date 11 / 10 / 03

STATE OF NEBRASKA

Set date: 11-24-03

PH: 12-8-03



Mike Johanns
Governor

A3-125673
149

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

October 30, 2003

City Clerk
County/City Bldg
555 South 10th Street
Lincoln NE 68508

RE: Manager Application Submittal

Dear Sir/Madam:

The enclosed Application for Manager is being submitted by Buggy Bath West DBA Buggy Bath Car Wash West located at 1502 West O Street, Lincoln, NE 68528 (Lancaster County) which holds a Class B License #52814 the applicant's name is Patricia Pike.

Please present this application to your City/County Council and return to us the results of the action taken. If you have any questions or comments, please give me a call.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Porter".

Michelle Porter
Licensing Division

Enclosure

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

36

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

Local
RECEIVED

OCT 30 2003

NEBRASKA LIQUOR
CONTROL COMMISSION

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION

Buggy Bath West

CLASS & LICENSE NUMBER

B-52814

TRADE NAME OF LICENSED PREMISE

Buggy Bath West

STREET ADDRESS OF LICENSED PREMISE

1502 West O Street

CITY

Lincoln

COUNTY

Lancaster

ZIP CODE

68528

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

David L Peterson

See Att
Signature

APPLICANT INFORMATION (MUST BE 21 OR OVER)

NAME (LAST, FIRST, MIDDLE, MAIDEN)

Pike, Patricia Elaine

SEX

F M

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PLACE OF BIRTH

Hastings
Nebraska

HOME STREET ADDRESS

3318 NW Michael Street

CITY

Lincoln

COUNTY

Lancaster

STATE

NE

ZIP CODE

68524

HOME TELEPHONE NUMBER

(402) 470-3025

BUSINESS TELEPHONE NUMBER

(402) 438-7171

DRIVERS LICENSE NUMBER & STATE

- NE

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)

Single - Not Married

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER
& STATE

DATE OF BIRTH:

PLACE OF BIRTH

1. READ CAREFULLY. Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ Yes ☐ No Traffic Violations 1973, 1974, 1987, 1988, 1992
Hastings Hastings Omaha Omaha Hastings

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☐ YES ☒ NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
3318 N.W. Michael Street			
Lincoln Ne	1996		
1800 Bateman Hastings Ne	1995 1996		
1203 East Park Hastings NE	1992 1995		

EMPLOYERS - LIST LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1996 1999	Crete Carrier Corp	Carolyn Peterson	402-479-2510
1994 1996	Hastings Housing Authority	Paulette Poole	402-463-1061

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE

STATE OF NEBRASKA)

) SS

COUNTY OF)

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Patricia E. Leik

Signature of Applicant

Subscribed in my presence and sworn to before me this 30
day of October

Janice A. Kempf

Notary Signature & Seal

Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this _____
day of _____

Notary Signature & Seal

